

MINUTES

BHRS Council – Thursday 18th April 2024 @ 09:00

Via Zoom

PRESIDENT:	Eleri Gregory (EG)
TREASURER:	Vivienne Ezzat (VE)
SECRETARY:	Honey Thomas (HT) – in part
DOCTOR REP:	Paul Foley (PF), Ross Hunter (RS), Ashley Nisbet (AN)
PHYSIOLOGIST REP:	Amy Dutton (AD), Sophie Robinson (SR), Chloe Howard (CH) – in part
NURSE REP:	Catherine Laventure (CL), Bridgette Smith (BS) – in part
OTHER REPS:	Stuart Allen (SA) – Accreditation Committee Chair – in part John Paisey (JP) – Education Committee – in part James Cranley (JC) – BJCA Rep Anish Bhuvra (AB) - BHRS Audit /NICOR Simon Holmes (SH) – MHRA Rep
GUEST:	Fiona McDonald (FMc) – Millbrook
ADMIN:	Steve Sadler (SS), Pauline Heery (PH) – (TWeb)

1. Apologies for absence

Phil Durkin, Joseph De Bono, Anya Murray, Lee Graham, Heather Herbert.

2. Agree minutes of previous Council meeting

Already complete.

3. Matters arising not covered elsewhere

a. **Bullying survey**

EG reported this could potentially be completed alongside other professional organisations such as SCST, BSE etc. EG and AD to discuss offline and involve HH.

ACTION: EG/AD –contact other organisations regarding a joint survey

b. Radiotherapy Guidance

HT is working on this.

c. Workforce toolkit

CH reported some progress had been made with SCST. CH to work with AD regarding the EP section.

d. BHRS statement on Allied Healthcare Professionals Roles in Cardiac Procedures

Any comments on the circulated statement are to be sent to HT ASAP. Otherwise, this will be published accordingly.

ACTION: ALL – any comments ASAP to HT

e. Draft Cardiac Science workforce vision

CH is organising an offline meeting to progress this.

f. Consideration of BHRS support for NCEPOD for anticoagulation for AF

No update. HT will circulate when ready.

g. British Society of Echocardiography triage guidelines

PF reported he's had input into the draft document and comments have been sent back.

h. Contracting framework

No update.

i. Hidden waiting lists in EP Discussion

In JDB's absence, EG to pick up offline to establish the issue.

ACTION: EG – discuss with JDB offline

j. Disposal of cardiac devices post box change or explant

It has recently come to light that a contract has ended with 'Stok' where implantable cardiac devices, (including pacemakers, defibrillators and CRT) are collected and recycled by them. Hospitals now have a backlog of devices. No one is aware of any communication or advance notice of this. Some manufacturers are seeking alternative disposal methods including recycling, charity donation, research etc. AD pointed out that recalled devices are still being collected so this could be a potential route. EG to research whether alternatives are being put in place otherwise a statement will be needed.

ACTION: EG – research alternative plans

4. President's Report

a. BHRS/A-A HRC Update

EG informed the group discussions were ongoing regarding HRC. EG will revisit the memorandum of understanding and circulate to council with the essential criteria for a potential re-collaboration.

ACTION: EG – revisit memorandum of understanding

b. AF Ablation - NHS England Commissioning Policy. BlueTeq, PROMS etc

NHSE Commissioning Policy: RH is currently responsible for responding to communication from AICC and the commissioning of AF treatments in certain clinical conditions, e.g HCM. He has explained he is involved with research in this area and waiting for published data before responding.

AB is engaging with NHS England over the next month to discuss the feasibility regarding the implementation of BlueTeq and PROMS through NICOR. He acknowledges NHSE have not provided additional funding or resources. Anyone interested in being involved in these discussions please inform AB.

c. Medtronic ICD

A draft statement was circulated to council to highlight the fact that Medtronic devices were not automatically programmed for alerts to be on. Everyone at the meeting agreed the statement.

ACTION: HT – statement to be released to members

d. Advancing Women's Access to CV Treatment BCS Affiliate Meeting

Not discussed.

5. Current External Groups with BHRS Representation

a. IQIPS Advisory Board

AD reported that the IQIPS meeting unfortunately clashes today with council so wasn't able to attend. IQIPS attended the BHRS Sessions and had a stand. We have also recently promoted their webinar.

b. Academy of Healthcare Science

EG reported there is an event being hosted in London. CH will be attended on behalf of the BHRS

c. RCCP

Remove from agenda.

ACTION: TWeb – remove from agenda

d. Resuscitation Council UK

No update.

e. SCST

EG to ask HH regarding the promotion of relevant BHRS events.

ACTION: EG/HH – discuss co-promotion of relevant events

f. BiCCEP

No update.

g. BCS CPCS

HH is the chair of this group. They have been tasked by the BCS to produce an agenda at a meeting in June. They have identified reps from all main bodies to provide education sessions.

h. Device Working Group

Francis Murgatroyd to be invited to represent this group and provide an overview at the next meeting. Amend name to FM on agenda.

ACTION: TWeb/EG – add FM to invite list and inform, amend name on future agendas.

i. NHS OHCA EAG

No update.

j. BCIS Structural Intervention Group

No update

k. LAAO domain group

No update

l. UK Kidney Association consensus guidance on stroke prevention in AF Group

No update.

m. PLG Working Group

EG reported the group met last month. AB currently determining future investment for future programmes.

6. Education Committee/Events

a. February Sessions feedback

JP reported a very positive response to the February sessions. All sponsors are undergoing (or have been invited to) a debrief session.

Taking account of feedback the following changes will be made to improve the next event:

- Less packed programme
- Slightly longer breaks
- More in the exhibition area to facilitate conversations
- Add tech suites
- Ensure industry have chance to hold evening events
- Potentially move traces day to start

b. Future Events

Simulation & Traces Day – 10/11th June 2024, Bristol

This will be in the same format as the recent November event but in Bristol. Council were asked to help promote this.

Symposium – 11th November 2024, London

Same format as the March 2023 event aimed at senior professionals.

Sessions – End of Feb 2025, Edinburgh

To replicate the recent sessions held in February. Date and venue to be announced soon, likely to be 2-night event to accommodate industry request

c. Event Financials

Council welcomed Fiona McDonald from Millbrook Medical Conferences. FMc presented an overview of finances for all events which included income, expenditure, sponsorship and predicted balances after each event.

It was noted the added complications of the BHRS not being VAT registered, BHRS handling the registration fees, bursaries and expenses etc. These were causing some issues and may be resulting in additional unnecessary fees.

It was noted 36 more registrations were needed for the June simulation event to breakeven if Biotronik did not come on board as a sponsor.

It was decided additional savings could be made by not offering live streaming (which was expensive and underutilised), and photographers were not necessary now we had a good bank of images.

FMc pointed out offering minimal registration fees (such as the £20 for the original symposium) could be detrimental financially moving forward because the more members attend, the more expenditure for BHRS.

FMc to meet offline with VE in the role of treasurer (and potentially the accountants) to discuss VAT and rules around education and VAT. FMc to keep VE and EG up to date with finances and provide them with the presentation made today.

ACTION: **VE – meet with FMc**
 FMc – provide presentation to VE and EG

d. Council Representation for Events

Council agreed JP was doing an exemplary job. Because of recent terms of council members coming to an end only one council member is currently sat on the Education Committee (BS). It was decided more council representation was needed. RH volunteered to sit on the Education Committee. EG to send terms of reference to RH. Financial sign offs should come in via designated executive officers.

ACTION: **EG – inform JP of plan & and send RH Terms or Ref**
 EG – distribute Framework for using 3rd party events organisers for comments

7. Training Update

a. Curriculum

AN reported the new curriculum was in full force. More senior trainees are now in final stages of training. There were some concerns regarding funding structures.

b. BCS 2024

JP is currently attempting to find some last-minute speakers.

8. Nursing Update

CL and BS reported that the website now had a clearer and updated nurses' part of the website. This included additional information on the accreditation process. The nurse reps are trying to formalise more regular meetings offline.

9. Accreditation Update

a. Exam update

SA reported there are currently 82 registrations for the May exam (a record for this time of year). There are currently 5 candidates for the new Physician exam.

SA reported webinar numbers have been fantastic. An EP webinar is being held next Friday with 76 registrations. Fundamentals of EP will be held later in the year.

b. Reaccreditation Points System Update

The new points-based accreditation system has been softly launched.

A discussion was made on whether to retrospectively charge a discounted rate for lapsed membership. 50% was decided.

c. Why BHRS for Accreditation?

AN asked for clarification on the benefits of gaining BHRS accreditation instead of the alternatives – to cover logbook element, cost, banding, how different to IBHRE/EHRA etc.

ACTION: SA – establish pros and cons of BHRS accreditation

10. NICOR/Audit Report

Council welcomed Anish Bhuvu who took over from Mark Dayer last month. AB confirmed the NICOR report was published last week. The goal is to add deeper analysis infrastructure, work on better data capture etc. AB will also work on a standards document regarding complication rates.

**ACTION: EG/AB – meet offline to catchup
AB – draft complication rates document**

11. Research

RH is currently collating data of study groups and intends to build a section on the website with TWeb. Council felt this will provide real value for members. He's also working with BHF CRM to build a database of researchers, centres etc. RH would also like to differentiate the YIA format by making it less based on 1 project but more on a body of research.

RH also plans to compile data for a webpage on large UK MCTs and for niche skills, technologies, and services. All were felt to be of value. RH to work with TWeb to create these.

ACTION: RH/TWeb – create new pages

It was also decided to look at exploring fellowship advertising further with potential BHRS sponsorship. SS pointed out there is a fellowship section on the website but this is currently underutilised.

12. BJCA/Trainee Update

JC is working with JP to assist in advertising the simulation training via the newswire. It was suggested the DOPs opportunity should be pushed and it should be made clearer who this is aimed at (i.e. all trainees whether in first or second year including those in e.g. internal medicine and thinking of specialising in cardiology) i.e. not just those who have decided on EP as their career.

RH asked if the clinical research fellowships could be included in newswire.

ACTION: JC/JP/RH – work on suggested content for newswire

13. Admin Update

Highlights since last meeting:

- 8 newsletters sent out

- 35 social media posts
- 101 Tickets answered

14. Website Update

Changes/additions include:

- 8 x free spaces to: EOL care for people with cardiovascular disease & heart failure
- April ECG/EGM Challenge launched
- Nurses section rearranged
- Dealing with exam and webinar registrations
- Accreditation points system softly launched
- Server needs upgrading.

15. Treasurer's Report

a. General update

VE reported a healthy bank balance. Apart from some sizeable donations, the balance remains quite neutral year on year.

Council agreed it was in the best interest of BHRS to become VAT registered. VE will await any final comments from council until the middle of next week, after which, the application process will be started.

ACTION: ALL/VE – last minute comments on VAT to VE. VE to progress application middle of next week if nothing negative is received.

b. Expenses review

A revised expenses policy has been circulated. This is mostly in response to some high claims from the sessions from faculty so these can be formally restricted. Comments ASAP to VE.

ACTION: ALL – any comments to VE

16. Secretaries Report

a. Member update

In HT's absence, EG reported 45 new members since the last meeting: 27 - Level 1 (£60), 18 - Level 2 (£40).

b. Membership rate review

VE is collating a plan to establish who our members are and ways we can incentivise members to update their profiles. This will include information gathering from event registrations. Public profiles should also be revisited.

ACTION: VE/TWeb – work on membership data.

c. Any new declarations/new conflicts of interest

None declared.

d. Risk register

Not discussed.

17. AOB

a. Tameside Correspondence

Email received outlining concerns with operators not meeting the minimum number of device implants according to the BHRS guidelines. This has been answered offline with a response that makes it clear this is a guide and is not meant to limit or disrupt practice.

b. Archiving of Data

RH raised that due to the sheer size of e.g. mapping cases (which are very memory-heavy) a lot of space is needed to archive files. Clear rules were needed around how much detail needs to be retained and for how long. AD said there is guidance, but it is out of date and doesn't reflect the new technologies used. Potential guidance is needed from BHRS. AD volunteered to assist with input from a consultant. EHRA to be approached. EG to circulate to council for volunteers to assist AD.

ACTON: AD/EG – AD to work on guidance, EG to gain volunteers to assist AD

18. Date of Next Meeting

Friday 12th July 2024 @ 9:00 on Zoom